

EXHIBIT B

Drs. Lacey & Freschi, P. C.

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SLEEP MEDICINE
NERVE CONDUCTION STUDIES
ELECTROMYOGRAPHY (EMG)
ELECTROENCEPHALOGRAPHY (EEG)

March 22, 2021

To Whom It May Concern:

Re: [REDACTED]

DOB: [REDACTED]

[REDACTED] is a patient of mine that I have been taking care of for approximately 25 years with a seizure disorder. [REDACTED] also has a history of hypertension and was a cigarette smoker up until August 2020, at which point [REDACTED] had a sudden onset of altered mentation, slurred speech, difficulty with balance and coordination.

[REDACTED] was evaluated and found to have a stroke at that time, and the right caudate nucleus. [REDACTED] was placed on a baby aspirin a day after workup otherwise was negative for any circulatory blockage or cardiac abnormality. [REDACTED] blood pressure was stable at the time.

Over time since then, [REDACTED] has improved significantly, but [REDACTED] still has issues with speech expression and has significantly slowed cognitive processing compared to [REDACTED] baseline. [REDACTED] has not had any destabilization or recurrence of seizures.

Because of the continued impairment that [REDACTED] has, [REDACTED] would be considered cognitively impaired and therefore unable to give a reliable, valid deposition or testimony, with the caveat that sleep deprivation, stress and external tension causes a significant deterioration of the symptoms mentioned above.

Therefore, because of this, my recommendation would be that [REDACTED] not testify or give any deposition, since I believe this would be subjecting [REDACTED] to undue duress and there may be issues with the content of said deposition.

Thank you for your time and attention in this matter.

Sincerely,



Michael Lacey, M.D.

ML/fr